

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT							
	DID	DEP	DID	DEP	DID	DEP		DID	DEP	DID	DEP	
1	1						51		1			
2		1					52		1			
3		1					53		1			
4		1					54		1			
5		1					55		1			
6		1					56		1			
7		1					57		1			
8		1					58	1				
9		1					59		1			
10		1					60		1			
11		1					61		1			
12		1					62		1			
13		1					63	1				
14		1					64		1			
15		1					65		1			
16		1					66		1			
17		1					67		1			
18		1					68		1			
19		1					69		1			
20		1					70		1			
21		1					71		1			
22	1						72		1			
23		1					73		1			
24		1					74	1				
25		1					75	1				
26		1					76		1			
27		1					77		1			
28	1						78		1			
29		1					79	1				
30		1					80		1			
31		1					81		1			
32		1					82		1			
33		1					83		1			
34		1					84	1				
35		1					85		7			
36		1					86					
37		1					87					
38		1					88					
39		1					89					
40		1					90					
41		1					91					
42		1					92					
43	1						93					
44		1					94					
45		1					95					
46		1					96					
47		1					97					
48		1					98					
49		1					99					
50		1					100					
TOTAL IND.							TOTAL IND.	10				
TOTAL DEP.							TOTAL DEP.	82				
TOTAL CLAIMS							TOTAL CLAIMS	92				